

MEDICAL BOARD OF CALIFORNIA  
ENFORCEMENT PROGRAM1426 Howe Avenue, Suite 100  
Sacramento, California 95825

April 28, 1997

Carol H. Dresselhaus, M.D.  
1830 I Avenue  
National City, California 92050

RE: LICENSE SURRENDER

Dear Dr. Dresselhaus:

Pursuant to the Decision of the Division of Medical Quality of the Medical Board of California, you are required to comply with specific terms and conditions of your probation order. It is my understanding that you do not want to follow through with it's terms and conditions. Instead, you have chosen to surrender your license (#A-14443) to practice medicine in the state of California and your D.E.A. certification for permanent cancellation, with the understanding that you will not later reapply for a physician's or D.E.A. certificate in California. If you do reapply, it is agreed that we will re-open your case. If not, your case will remain closed. As with any other license surrender in lieu of discipline, your record may be disclosed to the public and the NATIONAL PRACTITIONER DATA BANK.

Please consult with your attorney in this matter. If you agree to the conditions of this offer, please sign both copies of this letter and have a witness (preferably your attorney) do the same. One original of this agreement should be returned within fifteen (15) days.

Once we receive the signed documents and have obtained your Physician's and Surgeon's License #A-14443 and D.E.A. Permit(s) for cancellation, we will close this case.

Sincerely,

  
JOHN C. LANCARA  
Chief of Enforcement

I UNDERSTAND AND AGREE TO THE ABOVE. I HEREBY SURRENDER MY PHYSICIAN'S AND SURGEON'S CERTIFICATE #A-14443 AND MY D.E.A. PERMIT(S) FOR IMMEDIATE AND PERMANENT CANCELLATION.

  
SIGNATURE      5/28/97  
DATE  
WITNESS      5-28-97  
DATE